

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36738

DEC 22 1941 791  
Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

8968

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnard Free Skin & Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10-22-41 to 11-10-1941  
(Specify whether  
In this community.....  
years, months or days)

8. (a) PRINT FULL NAME ELIZABETH ROEDER

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John Roeder 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased 2 (Month) 7 (Day) 1887 (Year)

8. AGE: Years 54 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name John Poitree  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Garoline Keller  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant John Roeder  
(b) Address Pinckneyville, Ill.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Pinckneyville, Ill.

18. (a) Signature of funeral director Albert H. Hopper  
(b) Address 4700 Washington Blvd.  
19. (a) NOV 12 1941 (Date received local registrar) (b) J F Brudsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Perry 999  
(c) City or town Pinckneyville (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1941 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 22 1941 to Nov 10 1941; that I last saw her alive on Nov. 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure Duration 6 hrs  
Carcinoma of breast with  
Due to widespread skeletal metastases 2 yrs

Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Carcinoma of breast left PHYSICIAN  
Of operations.....  
Of autopsy None Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury 0  
23. Signature Oliver O. O'Connell (M. D. or other)  
Address Barnard Hospital Date signed 11-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Isaac W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.